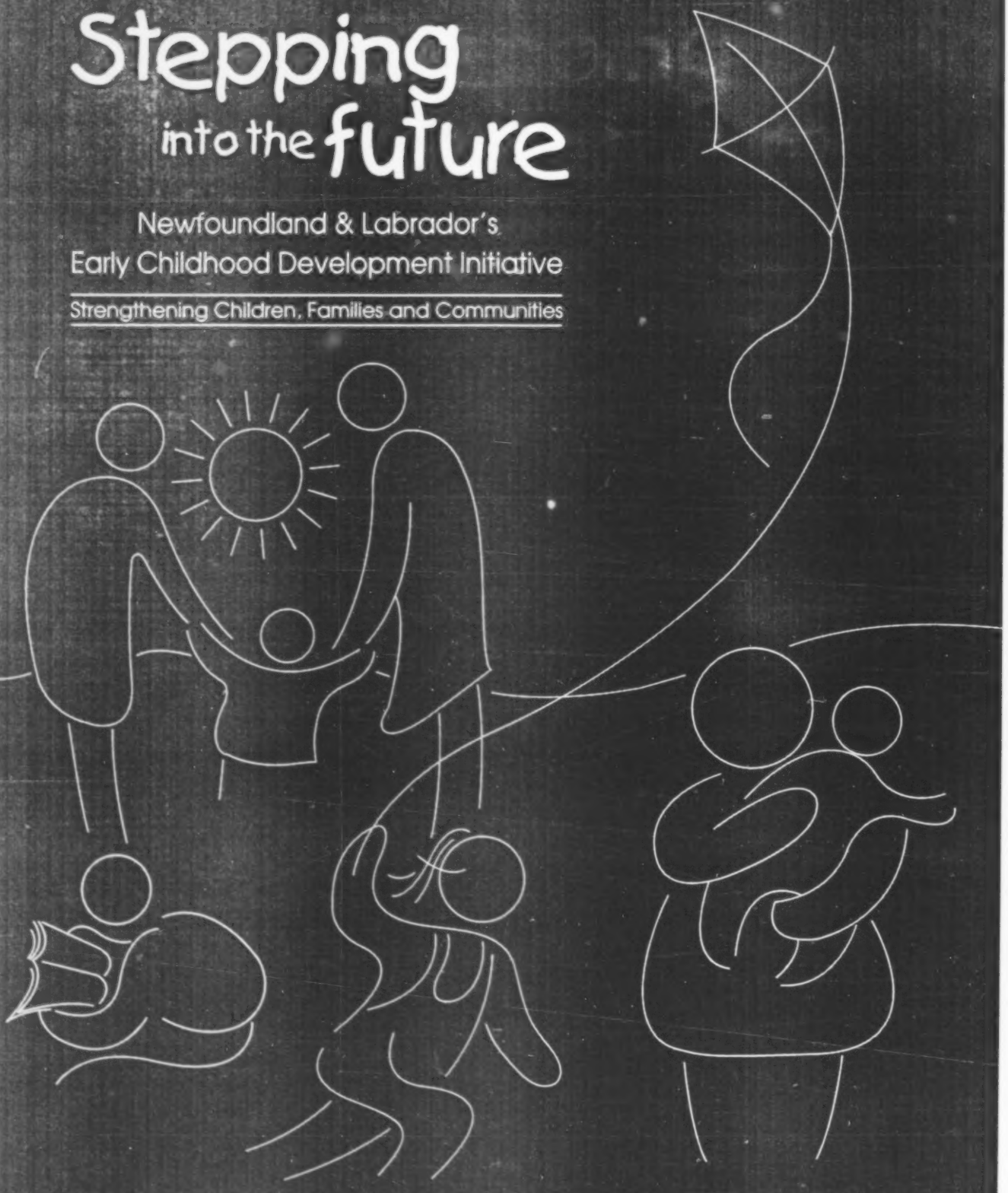
Stepping into the future

Newfoundland & Labrador's
Early Childhood Development Initiative

Strengthening Children, Families and Communities

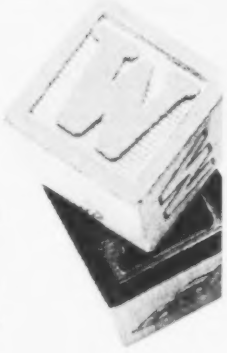


Annual Report 2001-2002

GOVERNMENT OF NEWFOUNDLAND AND LABRADOR

Foreword

GERALD SMITH, M.H.A.
Minister of Health
and Community Services



On behalf of the Government of Newfoundland and Labrador, I am pleased to present the first Annual Report on *Stepping into the Future: Newfoundland and Labrador's Early Childhood Development Initiative*. This report provides the public with program and expenditure information on the first year of operation of the Early Childhood Development Initiative (ECDI) in this province, and a baseline of how our young children are doing according to a selection of child well-being indicators.

The 2001-02 ECDI Annual Report marks the first of an ongoing annual commitment to report to Newfoundlanders and Labradorians on the progress and impact of improving and expanding early childhood development services and programs. On June 18, 2001, the provincial government launched *Stepping into the Future: Newfoundland and Labrador's Early Childhood Development Initiative*. This was an important step for the province as it offered an opportunity to further invest in our young children, their families and communities. As this annual report illustrates, many accomplishments were realized during the first year of implementing the ECDI.

The Early Childhood Development Initiative is the result of an agreement reached between provincial and territorial governments and the Government of Canada on September 11, 2000. The initiative acknowledges the significance of the early years and the important role families and communities play in nurturing the development of young children. It also involves growth in several services and programs that impact young children. The ongoing nature of the initiative provides the opportunity to build on and improve our collective efforts to support children and further enhance their developmental potential.

Along with our provincial partners in *Stepping into the Future: Newfoundland and Labrador's Early Childhood Development Initiative*, the departments of Education and Human Resources and Employment, I would like to take this opportunity to congratulate and thank the many individuals, organizations and service providers who contribute to and continue to support the advancement of early childhood development services in this province.

GERALD SMITH, M.H.A.
District of Port au Port
Minister of Health and Community Services

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Table of Contents

Introduction 2

Section I: PROGRESS OF PROGRAMS AND SERVICES

Promotion of Healthy Pregnancy, Birth and Infancy 4
- Mother Baby Nutrition Supplement 4
- Healthy Baby Clubs 5

Improving Parenting and Family Support 5
- Early Intervention Services 5

Strengthening Early Childhood Development, Learning and Care 6
- Early Childhood Literacy Programs 6
- KinderStart Program 6
- Child Care Services 7
  - Child Care Subsidies 7
  - Educational Supplement 7
  - Equipment Grants for Family Child Care Providers 7
  - Increase in Regional Capacity 7

Strengthening Community Supports 8
- Family Resource Programs 8

EXPENDITURES 10

Section II: INDICATORS OF CHILD WELL-BEING

Demographics 12

1. Physical Health 13
- A. Healthy Birthweight 13
  - Low Birthweight 14
  - High Birthweight 14
- B. Immunization 14
  - Invasive Meningococcal Group C 14
  - Measles 15
  - Hib Disease 16
- C. Infant Mortality 16
  - Breastfeeding 17
  - Prevalence 17
  - Duration 17

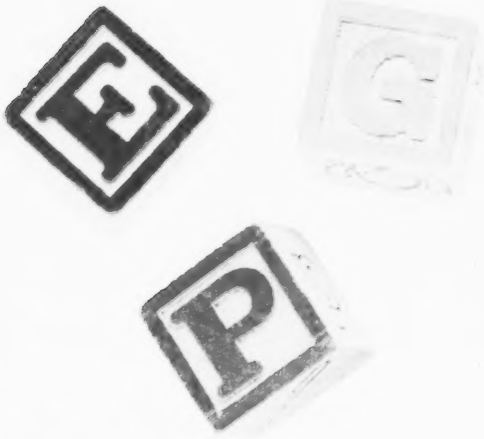
2. Early Development 18
- A. Motor and Social Development 18
- B. Emotional Health 19
  - (i) Emotional Problem-Anxiety 19
  - (ii) Hyperactivity-Inattention 19
  - (iii) Physical Aggression/Conduct Problems 20
- C. Social Knowledge and Competence 20
  - (i) Prosocial Behaviour 20
- D. Language Skills 21
  - (i) PPVT-R 21

3. Family-Related Indicators 22
- A. Parental Education 22
  - (i) Mother's Highest Level of Education 22
  - (ii) Father's Highest Level of Education 22
- B. Level of Income 23
- C. Parental Health - Tobacco Use during Pregnancy 23
  - (i) Smoking during Pregnancy 23
- D. Reading by Adult 24
- E. Positive Parenting 24
  - (i) Positive Interaction 24

4. Community-Related Indicators 25
- A. Neighbourhood Satisfaction, Safety and Cohesion 25
  - (i) Neighbourhood Cohesion 25

Technical Notes 26

Appendix 27
- (i) First Ministers' Communiqué on Early Childhood Development 27
- (ii) Shared Framework for Reporting 30



Introduction

The Government of Newfoundland and Labrador recognizes that investing in the early years of children's development is an important contribution to a healthy society. *Stepping into the Future: Newfoundland and Labrador's Early Childhood Development Initiative* is one of several important initiatives in Newfoundland and Labrador which emphasizes the significance of the early years and supports the invaluable role that parents and communities play in achieving healthy outcomes for children.

The ECDI is a long-term agreement between provincial and territorial governments and the Government of Canada (Appendix I). It involves the transfer of incremental and predictable federal funding to provinces and territories to improve and expand early childhood development programs and services. Over a five-year period, the Newfoundland and Labrador allocation of approximately $36.6 million will contribute to services and programs for children from prenatal to age six.

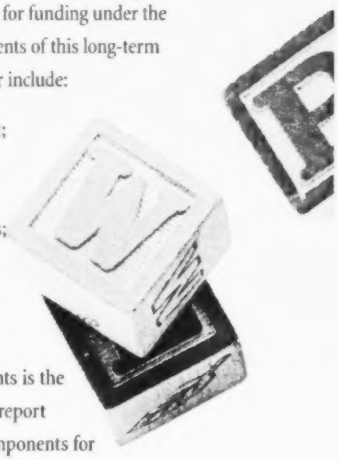
The focus of this 2001-02 ECDI Annual Report is twofold. Section I provides descriptive and expenditure information illustrating the progress of *Stepping into the Future: Newfoundland and Labrador's Early Childhood Development Initiative* during the first year of operation in the province. Appendix II includes details on the shared framework for reporting on programs and services funded through the ECDI.

Section II of this document provides information on indicators that highlight the health and well-being of young children in Newfoundland and Labrador. It includes data and analysis on selected indicators of child well-being for this province. National data are also provided for purposes of comparison. The indicators provide a starting point for measuring progress over time.

Section I:
Progress of Programs & Services

Section I: Progress of Programs & Services

On June 18, 2001, the Government of Newfoundland and Labrador announced *Stepping into the Future: Newfoundland and Labrador's Early Childhood Development Initiative.* The funding for this initiative was made available through the Early Childhood Development Initiative (ECDI), an agreement between the federal, provincial and territorial governments in Canada. Through stakeholder consultations, the province identified priority services and programs for funding under the ECDI. The program and service components of this long-term initiative for Newfoundland and Labrador include:



- Mother Baby Nutrition Supplement;
- Healthy Baby Clubs;
- Early Intervention Services;
- Early Childhood Literacy Programs;
- KinderStart Program;
- Child Care Services; and,
- Family Resource Programs.

Progress on each of the above components is the focus of this section of the report. This report categorizes the program and service components for Newfoundland and Labrador according to the four areas of action as agreed to by the federal, provincial and territorial governments throughout Canada. They include:

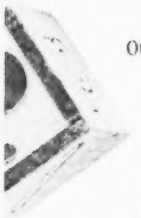
- promotion of healthy pregnancy, birth and infancy;
- improving parenting and family support;
- strengthening early childhood development, learning and care; and,
- strengthening community supports.

Promotion of Healthy Pregnancy, Birth and Infancy

Mother Baby Nutrition Supplement

The Mother Baby Nutrition Supplement (MBNS) is a $45 monthly benefit payable to all eligible low-income pregnant women and families with children under the age of one residing in the province. The benefit provides financial support to assist with the additional nutritional costs of eating healthy during pregnancy and throughout a child's first year of life. Through referrals to community health nurses and family resource programs, the MBNS also enhances access to information and community support for prenatal and postnatal care. Eligibility for the benefit is income tested using the maximum income threshold for the Newfoundland and Labrador Child Benefit (NLCB), which is currently at $22,397.

The MBNS replaced and expanded the Mother Baby Food Allowance, previously available only to women and families in receipt of social assistance, which included approximately 1300 families per month in 2000-01. The new supplement, implemented in December 2001, has expanded availability to approximately 1750 families per month, an increase of 35 per cent.



Other achievements related to the new benefit include:

- implementation of a new information system;
- design and distribution of educational materials for applicants regarding healthy lifestyles and nutrition;
- provincial distribution of program brochures, posters and advertising;
- establishing linkages with related community service providers and information exchange on programs and services available for families;
- increased referrals to community health nurses and Healthy Baby Clubs; and,
- provision of information on federally administered child benefits.

Healthy Baby Clubs

Healthy Baby Clubs are offered through community-based family resource programs that actively promote and support healthy lifestyles to women during and after pregnancy. The program objective is to have a positive impact on the development of the baby and to increase support and knowledge for the mother. Public health nurses and regional nutritionists provide professional support to the programs.

Healthy Baby Clubs offer:

- peer support;
- information and skills training relating to healthy pregnancy, birth, and parenting;
- breastfeeding support;
- food supplements; and,
- supportive environments for pregnant women and families with newborns.

In 2001-02, the Department of Health and Community Services provided ECDI and provincial funding to six family resource programs to deliver Healthy Baby Clubs. The funding supported 16 Healthy Baby Club sites, providing support to 211 families. Eleven of the 16 sites were newly established in November 2001 through the ECDI funding and are expected to increase in their capacity to support families in 2002-03.

The ECDI and provincial funding builds on other funding sources available for Healthy Baby Clubs in the province. A significant source of support for Healthy Baby Clubs is the Canadian Prenatal Nutrition Program (CPNP), a Health Canada initiative. In 2001-02, the CPNP funded nine Healthy Baby Club projects which supported 502 women.

The province works in collaboration with Health Canada and regional health and community services boards to provide ongoing support, networking and professional development opportunities for Healthy Baby Clubs. In 2001-02, the Department of Health and Community Services funded monthly teleconferences for resource mothers of Healthy Baby Clubs and cost-shared with Health Canada a provincial training event for all Healthy Baby Clubs in the province.

Improving Parenting and Family Support

Early Intervention Services

The early intervention component of the ECDI involves the expansion of home-based early intervention services for children up to six-years-old with developmental delay and disabilities. The expansion is being accomplished by increasing the number of early intervention positions in the province, implementing specialized training for families and professionals, and providing home-based intensive intervention services to eligible families.

In Newfoundland and Labrador, a particular emphasis of early intervention services is on increasing support for children diagnosed with Autism Spectrum Disorder (ASD). In 1999, the Government of Newfoundland and Labrador began a pilot project for preschool age children diagnosed with Autism Spectrum Disorder, focusing on the delivery of home therapy or parent implemented programming to eligible families. Through the support of the ECDI funding, the initiative has since expanded to encompass a broader service plan for children diagnosed with Autism Spectrum Disorder and their families.

Section I: Progress of Programs & Services

In 2001-02, home-based early intervention services were provided to 512 children and their families. This figure compares to 400 children supported in 2000-01 for an increase of 112 children as a result of ECDI funding. Of the 112 children, 34 children were diagnosed with Autism Spectrum Disorder. Also in 2001-02, ECDI funding supported seven new Child Management Specialist positions in the health and community services regions, one Developmental Psychologist position at the Janeway Child Health Care Centre and one Provincial Consultant position with the Department of Health and Community Services. Specialized diagnostic training was also provided to four clinicians at the Janeway Child Health Care Centre, and Applied Behavioural Analysis training was provided to parents, home therapists, and professionals throughout the province.

The collective achievements in 2001-02 provide a strong base for continued support to children with developmental disabilities and their families.

Strengthening Early Childhood Development, Learning and Care

Early Childhood Literacy Programs

The objective of the Early Childhood Literacy Programs is to provide grants to existing non-profit community-based organizations for the delivery of early childhood literacy programs for children up to six-years-old, and their families. Once a year, eligible organizations submit funding proposals to the Strategic Literacy Funding Committee for review and consideration. This committee is chaired by the Literacy Branch of the Department of Education. Existing early childhood literacy programs, deemed to be successful, receive priority over new programs. Consideration is also given to programs in areas with a demonstrated high risk of poor literacy skills for children. During 2001-02, more than 3900 children benefitted from the 24 early childhood literacy programs that received funding. A review and assessment of these early childhood programs was also commissioned. This review will assist the Department of Education in making future funding decisions regarding early childhood literacy grants.

KinderStart Program

The KinderStart program is a provincial transition-to-school orientation program for children and their parents/caregivers. The objective of the program is to help all children and their families connect with the school and to provide resources for them to use at home during the pre-kindergarten year. This initiative is an important step in assisting parents/caregivers in their distinct and valuable roles of supporting children's education and literacy development throughout early childhood.

The KinderStart Program was developed in 2001-02 by an ECDI-Kindergarten Working Group which developed the KinderStart Program Guide and identified parent, child and teacher resource materials.

The program is based on developmentally appropriate practices for the pre-kindergarten child and consists of eight in-school sessions and accompanying information for principals, parents/caregivers and teachers. An activity bag of supplies and resources is provided for each parent/caregiver and child. The Department of Education provided in-service to school districts, as well as funding to offset the costs and support the implementation of this program. This provincewide program will begin in fall 2002.

Child Care Services

The Department of Health and Community Services is working to enhance and strengthen the child care services system in Newfoundland and Labrador for the benefit of children and families who access regulated child care services. Progress was made in 2001-02 by increasing the number of subsidized child care spaces in the province, introducing the Educational Supplement for Early Childhood Educators, issuing equipment grants to family child care providers and increasing regional resource capacity to support licensed child care services. A brief description of these services is found below.

Child care subsidies are available to eligible families who require financial assistance to access regulated child care. This service is delivered by the regional health and community services boards throughout the province and is designed to increase families' accessibility to quality and affordable licensed child care. Support in the form of child care subsidies to families include some or all of the child care fees and may include transportation to access services.

The number of child care subsidies supported in the province in March 2001 was 1038. In March 2002, the number had increased to 1210. The difference of 172 subsidized spaces in March 2002 included 23 infant care subsidies, a new support available to families in the province. Further growth in the child care subsidy program is expected in future years as new services supported by the *Child Care Services Act*, such as regulated infant care and family home child care, further evolve in the province.

The Department of Health and Community Services provides an educational supplement as an annual fund to eligible Early Childhood Educators who have completed one- or two-year college training programs in early childhood education. In 2001-02, individuals employed full-time with one-year training, were eligible for $1040 per annum and those with two-year training were eligible to receive $2080. The supplement is a means of addressing recruitment and retention issues in the child care services field and is linked to the newly established educational requirements for staff working in licensed child care through the *Child Care Services Act*.

Section I: Progress of Programs & Services

In 2001-02, 320 individuals received the supplement. Plans are currently underway to evaluate the early impacts of the supplement on recruitment, retention and stability in the child care workforce. This study will also focus on the development of an evaluation plan to determine a strategy for future evaluations of the educational supplement.

Equipment grants for family child care providers are annual allocations given by regional health and community services boards to regulated family child care providers for the purchase of quality program materials for use by children in their care. During the 2001-02 fiscal year, a total of 38 providers received equipment grants. Regulated family child care is a new initiative in the province. It is expected the number of recipients of equipment grants will increase in future years as the program further evolves.

Funding through the ECDI has also enabled the creation of several new positions to enhance regional capacity to license and support child care services. Professional support from positions such as Child Care Consultants, Social Workers and Financial Officers is essential to ensure children and families have access to quality child care programs. In 2001-02, ECDI funding supported seven full-time equivalent positions in the province.

Strengthening Community Supports

Family Resource Programs

Family resource programs promote the well-being of children and families through the implementation of a variety of community-based programs emphasizing healthy child development, parenting skills, social support and community capacity building. In Newfoundland and Labrador, family resource programs are providing services to numerous communities and assist in supporting parenting and early childhood development.

Core funding for family resource programs in the province comes primarily from federal and provincial government sources. Health Canada's Community Action Program for Children (CAPC) and Aboriginal Head Start Program, and the

Department of National Defence are three significant sources of federal funding for family resource programs. Ongoing provincial funding, initiated in the spring of 1999 through the Department of Health and Community Services, supports eight programs in the province. The ECDI provided another opportunity to further contribute to the number of family resource programs available in Newfoundland and Labrador.

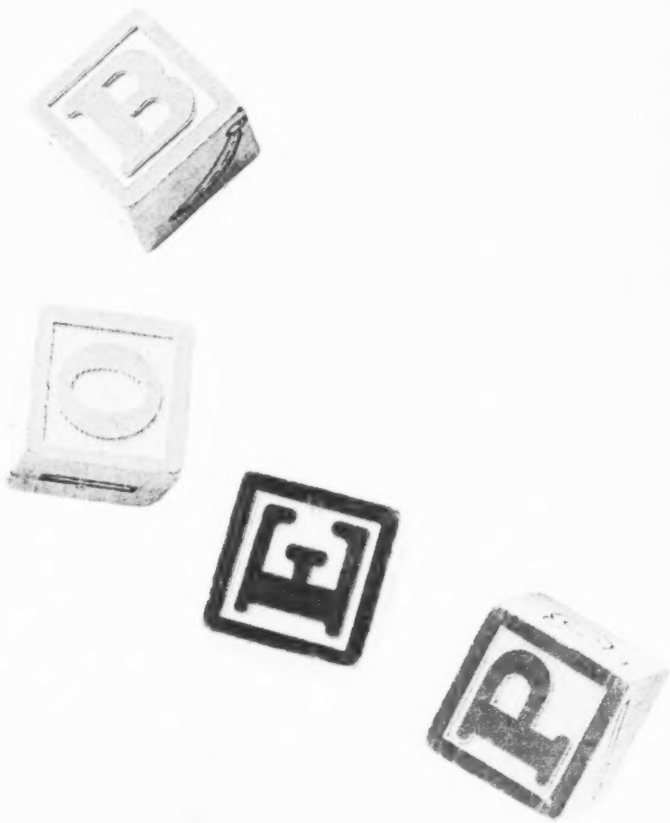
From October 1, 2001 to March 31, 2002, the eight provincially funded programs provided support to 1685 families (1739 parents/caregivers and 2116 children). Statistics prior to this period were not consistently available. Program statistics for the ECDI funded programs are not available for 2001-02 as site selection and early developmental activities was the primary focus during this period.

From mid-summer to the fall 2001, the Department of Health and Community Services worked with Health and Community Services regions and regional planners of the Strategic Social Plan to affirm the selection process of new and existing family resource programs for ECDI funding. A targeted approach was used to select communities by analysing available information and statistical data to determine community need, capacity and interest. In spring 2002, the Department announced the establishment of six new family resource programs and the enhancement of five existing programs, as follows:

- Labrador Region - communities of Nain, Labrador West and Port Hope Simpson;
- Western Region - communities from Portland Creek to Bartlett's Harbour, and Channel-Port aux Basques and Burgeo/Ramea area;
- Central Region - Baie Verte Peninsula, and communities of Springdale and Robert's Arm;
- Eastern Region - Placentia area with outreach to Whitbourne, St. Mary's Bay North and Cape Shore, and communities of Grand Bank and Fortune; and,
- St. John's Region - St. John's (east end/downtown area), and the community of Paradise. Further expansion will be determined.

The early development of these projects is focussing on building community partnerships, developing community board structures, and engaging parents and interested community members in the design of the services. In 2002-03, the developmental process will be further strengthened as needs assessment processes are completed, community board development activities are engaged, and implementation of community-based programs for children and families in numerous communities that had not previously received these kinds of services has begun.

In addition to direct support to projects, during 2001-02 the Department of Health and Community Services funded monthly teleconferences for coordinators of family resource programs, cost-shared with Health Canada a provincial networking training event for all projects in the province, and supported a provincial consultant position for family resource programs.



Section I: Progress of Programs & Services

Expenditures

The following table compares expenditures from 2000-01 with investments made during 2001-02, the first year of the ECDI. As 2001-02 was the start-up year for several of the initiatives under the ECDI, and due to the community development nature of many of the programs and services under this initiative, full expenditures were not realized.

EXPENDITURES

Initiative	Expenditures 2000-2001	Expenditures 2001-2002	
	Baseline	Provincial	ECDI
Mother Baby Nutrition Supplement	n/a	$780,000	$102,000
Mother Baby Food Allowance	$780,000	n/a	n/a
Healthy Baby Clubs/Family Resource Programs	$1,200,000	$1,162,000	$1,071,239
Early Childhood Literacy Programs	$79,615	$6,700	$185,610
KinderStart	n/a	$17,750	$174,504
Early Intervention Services*	$1,638,385	$1,590,385	$986,019
Child Care Services**	$7,226,800	$7,412,355	$1,356,675
Administration***	n/a	n/a	$193,674
SUBTOTAL		$10,969,190	$4,069,721
TOTAL	$10,924,800	$15,038,911	

* *Early Intervention Services - 2000-01 and 2001-02 expenditures include an approximate expenditure for baseline staffing resources.*

** *Child Care Services -The amount reported in the 2000-01 ECDI Baseline Report was an estimate and not actual expenditure. 2000-01and 2001-02 expenditures include an approximate expenditure for baseline staffing resources.*

*** *Administration -Expenditures for staffing, travel, professional and purchased services.*

Section II: Indicators of Child Well-Being

Section II: Indicators of Child Well-Being

This section provides baseline information on the well-being of children aged birth to five years in Newfoundland and Labrador in 1998-99. National data is provided for the purpose of comparison. Where possible, additional information has been provided to give a clear representation of the growth and developmental outcomes presented.

Both provincial and federal governments in Canada have identified a common set of 11 indicators of early childhood development. Where possible, with the exception of Quebec, all will be reporting to their respective jurisdictions on the outcomes of children in each of these indicator areas. In addition, an optional set of indicators was identified should jurisdictions wish to provide comparable information in these areas. These indicators address all five domains of child well-being: physical and motor development, emotional health, social knowledge and competence, cognitive learning, and language communication, and allow comparison at a national, provincial and territorial level, where appropriate data is available.

The indicators presented come from a variety of data sources: Vital Statistics datafiles, the National Longitudinal Survey of Children and Youth[1] (NLSCY), and the Survey of Labour and Income Dynamics (SLID). Survey data are presented as estimates to the general population. In some cases there is difficulty in providing reliable estimates. These estimates have been flagged with an asterisk (*). Please refer to the Technical Notes section for explanation.

It is important to recognize that it is difficult to assess the overall development of children based on these selected indicators alone. The indicators presented here are a sample of the possible measures of children's well-being.

Demographics

The most recent census of the Canadian population indicates that in 2001 there were 30,305 children aged birth to five years in the province of Newfoundland and Labrador. This represents approximately six per cent of the total population of the province. Eleven per cent of households in this province have children under the age of six years.

Common Indicators of Children's Well-Being

Physical Health and Motor Development

- Healthy Birthweight
- Incidence of Meningococcal Group C Disease
- Incidence of Measles
- Incidence of Haemophilus Influenzae-b (Hib) Disease
- Infant Mortality Rate
- Motor and Social Development

Emotional Health

- Emotional Problem-Anxiety
- Hyperactivity-Inattention
- Physical Aggression-Conduct Problem

Social Knowledge and Competence

- Prosocial Behaviour

Cognitive Learning and Language Communication

- Language Skills

Additional Indicators

Physical Health and Motor Development

- Breastfeeding Prevalence
- Breastfeeding Duration

Family-Related Indicators

- Parental Education
- Level of Income
- Parental Health - Tobacco Use during Pregnancy
- Positive Parenting
- Reading by Adult

Community-Related Indicators

- Neighbourhood Satisfaction, Safety and Cohesion

[1] Excludes children living in the Territories, on First Nations reserve, or in institutions.

This report focuses on children still in the preschool years in 1998-99. This period of development is acknowledged to be critical in children's development. In 1998-99, there were an estimated 33,424 children under the age of six in this province.

Note: The most recent year of available data is 1998-99. All provinces have agreed to report on 1998-99 data.

Estimated Distribution of Children by Age Newfoundland and Labrador, 1998-99

Age	Distribution	
	Frequency	Per Cent
0 Years*	5150	15.4
1 Year	5404	16.2
2 Years*	5615	16.8
3 Years*	5636	16.9
4 Years*	5849	17.5
5 Years	5770	17.3
Total	33424	100.0

Source: NLSCY, Cycle 3 (1998-99), Master File, Parents Questionnaire; data presented is weighted; data based on provinces only.

* See Technical Notes

1. PHYSICAL HEALTH

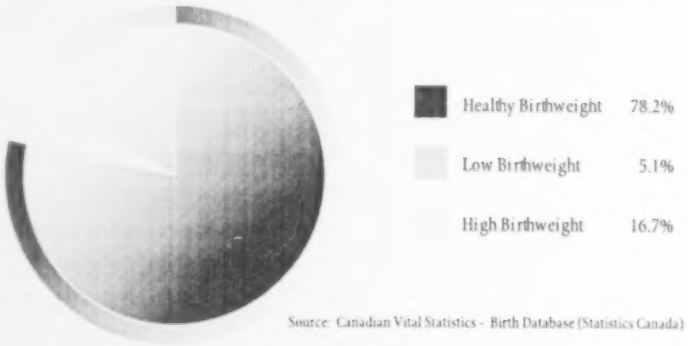
Getting a good start in life is important to an individual child and his/her family, and to the future of society. A child's environment can have a tremendous impact on growth and development from conception through the preschool years and can also impact his/her health as an adult. Ensuring a child and his/her family have the support and resources necessary for healthy growth, enhances the child's chances of developing to his/her full potential.

This section looks at some of the indicators of health status and health outcomes of children in Newfoundland and Labrador compared to national rates. Included are the rates of high and low birthweight live births, the rates of selected diseases which children are eligible to be immunized against, and the rate of infant mortality. These indicators provide a snapshot of the health of this province's children as it was in 1998-99. Where data is available, additional information has been provided to illustrate trends and determine whether preventative measures that are in place may be having a positive impact.

A. Healthy Birthweight[2]

Most healthy babies weigh between 2,500 grams (5.5 pounds) and 4,000[3] grams (8.8 pounds) at birth. A baby whose birthweight falls outside this range is at increased risk for chronic health problems and disability. In 1999, approximately four of every five live births in Newfoundland and Labrador (78.2 per cent) were of a healthy birthweight. The Canadian rate of healthy birthweight in 1999 was 81.3 per cent.

Distribution of Birthweight, Newfoundland and Labrador, 1999



Source: Canadian Vital Statistics - Birth Database (Statistics Canada)

In Newfoundland and Labrador, a number of programs have been established to promote healthy nutrition and activity during pregnancy, which positively influence birth weight. These programs are directed towards pregnant women and newborn children to ensure that health and community services are available and accessible to this population. They support the nutritional needs of pregnant women as well as provide educational information and a supportive environment designed to enhance the health of mother and child both before and after birth. Studies have shown that there is an advantage to both the child and the mother when programs such as these are utilized early and often.

[2] Excludes births with unknown birthweight and births to non-Canadian residents.

[3] It is important to note for comparative purposes, that some literature identifies 4,500 grams as the upper limit for healthy birthweight.

Section II: Indicators of Child Well-Being

(i) Low Birthweight Rate

Definition: The percentage of live births with a weight less than 2,500 grams

Babies born with a low birthweight are either born small for gestational age (SGA) or pre-term (too early). Outcomes differ for each group, however infants in both groups will likely require medical attention early on, as well as later in life. These infants are at a higher risk for numerous health problems, including behavioural problems and adult chronic conditions.

The incidence of low birthweight in Newfoundland and Labrador in 1999 was 5.1 per cent of all live births. This was a slight decrease from 5.5 per cent in 1998. In comparison, the percentage of live births in Canada that were low birthweight was 5.7 per cent in 1998 and 5.6 per cent in 1999. In general, the twentieth century has seen a reduction in the incidence of low birthweight, which mirrors the improvements seen in overall perinatal care.

The factors that contribute to low birthweight are complex and include: mother's health; age and level of social support; multiple births; nutrition; smoking and substance abuse during pregnancy; and adequacy of prenatal care.

(ii) High Birthweight Rate

Definition: The percentage of live births with a weight greater than 4,000 grams

Children who weigh more than 4000[4] grams (8.8 pounds) at birth are also at increased risk of various health-related problems later in life. High birthweight has been associated with being overweight later in life. Large infants are often a reflection of the mothers' health during the pregnancy and usually result in complications to the mother.

The percentage of babies born of high birthweight in Newfoundland and Labrador increased from 15.7 per cent in 1998 to 16.7 per cent in 1999. In Canada in 1999, 13.1 per cent of babies born were of high birthweight.

In addition to the baby's gender - males are more likely than females to be born with a higher birthweight - ethnicity, fetal nutrition, prolonged gestation, high maternal pre-pregnancy weight, and excessive weight gain during pregnancy have been associated with high birthweight. It is important that pregnant women consume the right combination of foods during pregnancy to ensure infants are getting the prenatal nourishment required for healthy growth. Healthy eating during pregnancy decreases a child's risk of unhealthy birth weight, as well as the risk of developing chronic conditions.

B. Immunization

Infectious childhood diseases were, until recently, a significant cause of illness, disability and death. Today, the implementation of immunization programs is considered largely responsible for the eradication of many of these diseases. Immunization during childhood is very important in the fight against future outbreaks. In Newfoundland and Labrador, 98 per cent of children have been fully immunized against many communicable diseases as they enter the school system. With this high rate of coverage, diseases that were once common are rarely seen today. This section looks at the incidence of three nationally reportable diseases - invasive meningococcal group C disease, measles and haemophilus influenzae-b (Hib) disease.

(i) Incidence Rate of Invasive Meningococcal Group C Disease

Definition: The rate of new cases of invasive meningococcal group C disease reported by year for children five years of age and younger

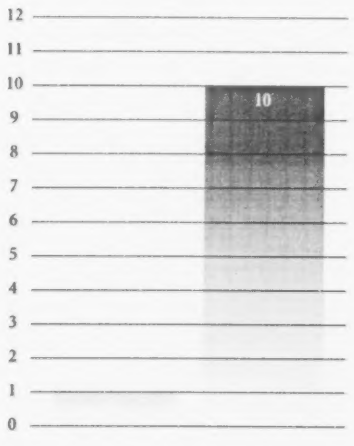
Meningococcal disease is a serious infection that is caused by bacteria that can invade the bloodstream and tissues around the brain. The incidence of meningococcal disease is rare and it occurs sporadically.

[4] It is important to note for comparative purposes, that some literature identifies 4,500 grams as the upper limit for healthy birthweight.

There was one case of invasive meningococcal group C disease in 1999 in Newfoundland and Labrador and none in 1998 in infants and children up to five years of age. This translates into a rate of three cases per 100,000 children in 1999, and 0 cases per 100,000 children in 1998. In Canada, there were 10 cases of invasive meningococcal group C disease in 1999. This translates into a rate of 0.5 cases per 100,000 Canadian children.

There is a high level of public interest in this disease. Most cases occur in the 0-19 year age group, and immunization programs to control outbreaks are generally focused on this group. The National Advisory Committee on Immunization (NACI) recommends three doses of the newer meningococcal group C conjugate vaccine at two, four, and six months of age for routine immunization.

Incidence of Invasive Menigococcal Group C Disease, 1999
Children aged birth to five years
(Number of Cases)



Source: Division of Immunization and Respiratory Diseases, Health Canada

(ii) Measles Incidence Rate

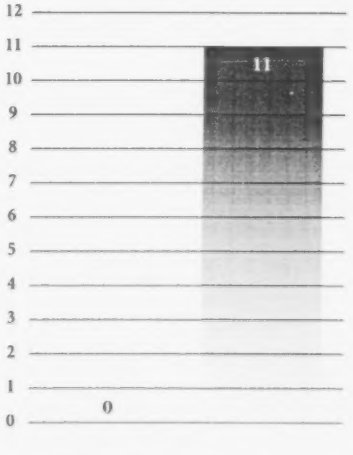
As Canada continues towards the goal of eliminating measles

Definition: The rate of new cases of measles reported by year for children five years of age and younger

by the year 2005, it is important to be aware that, worldwide, measles is still a leading cause of childhood mortality and morbidity. Measles has become a rare disease in Canada because of widespread immunization. However, continued immunizations for children are essential to help protect them from measles and also to protect the greater health of the population. Since 1998, all measles cases are imported or import-related. Also, all provinces and territories have a routine second-dose measles vaccination program that many Canadians have successfully completed.

There were no reported cases of measles in Newfoundland and Labrador in 1998 or 1999. In all of Canada there were six cases of measles in 1998 and 11 cases in 1999. These low numbers demonstrate the success of the measles immunization programs in this province and across the country.

Incidence of Measles
Children aged birth to five years
(Number of Cases)



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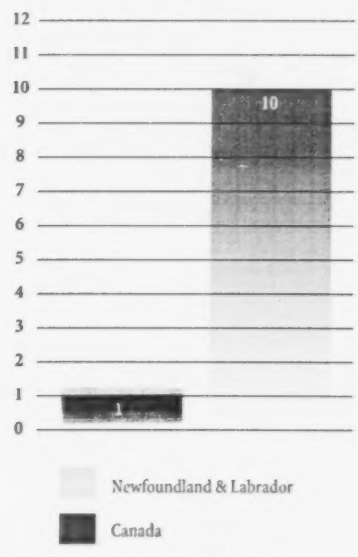

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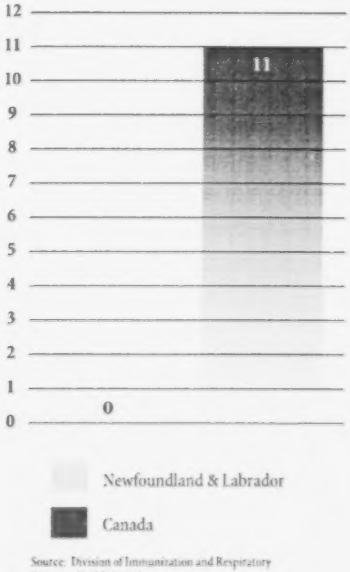
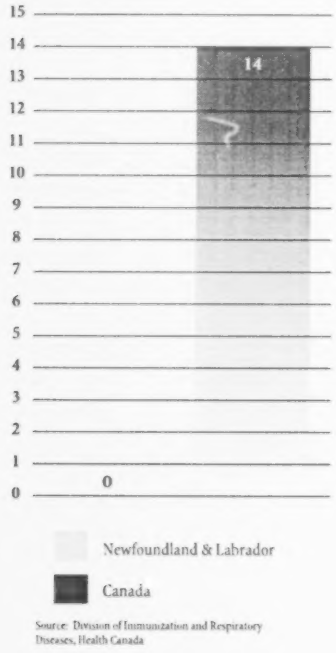
Incidence of Measles
Children aged birth to five years
(Number of Cases)



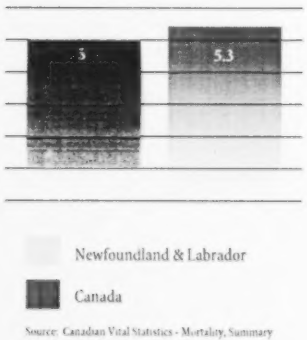
Source: Division of Immunization and Respiratory Diseases, Health Canada

Incidence of Hib Disease
Children aged birth to five years
(Number of Cases)



Source: Division of Immunization and Respiratory Diseases, Health Canada

Infant Mortality Rate
(per 1,000 live births)



Source: Canadian Vital Statistics - Mortality, Summary List of Causes (Statistics Canada)

(iii) Haemophilus Influenzae-b (Invasive) Disease (Hib) Incidence Rate

Definition: The rate of new cases of haemophilus influenzae-b (invasive) disease reported by year for children less than five years of age

Haemophilus influenzae-b disease is caused by bacteria that can infect the fluid around the brain and spinal cord. It can lead to other serious diseases, such as meningitis, and often results in brain damage or death. The Hib vaccine was introduced to the Canadian infant immunization schedule in 1992 and since that time incidence of the disease has vastly decreased.

There were no reported cases of Hib disease in Newfoundland and Labrador in 1998 or 1999. In Canada, there were 15 reported cases in 1998 and 14 cases in 1999. Only 74 per cent of two-year olds in Canada had received the Hib vaccine in 1997. The success of the Hib vaccination initiative in this province is apparent when incidence of the disease prior to 1992 is compared to incidence after that year. In 1991, the incidence rate of Hib disease in Newfoundland and Labrador children under the age of five years was 10.6 per 100,000 population. In those children who had been vaccinated, the rate was 2.7 per 100,000 population.

C. Infant Mortality[3]

Definition: The number of infants who die in the first year of life per 1,000 live births

Infant mortality rates are frequently used to assess the health status of a population. According to Statistics Canada, leading causes of infant death have been low birthweight or prematurity, sudden infant death syndrome (SIDS), and respiratory distress syndrome. High order multiple births (i.e. triplets, quadruplets) and maternal factors including socioeconomic status, maternal age, smoking status, and substance abuse are significant risk factors.

Infant mortality rates in Newfoundland and Labrador have decreased by more than half, from 10.7 per 1,000 live births in 1979 to 5.0 in 1999. The infant mortality rate in all of Canada has also decreased - from 10.9 per 1,000 live births in 1979 to 5.3 in 1999.

[3] Excludes births to non-Canadian residents.

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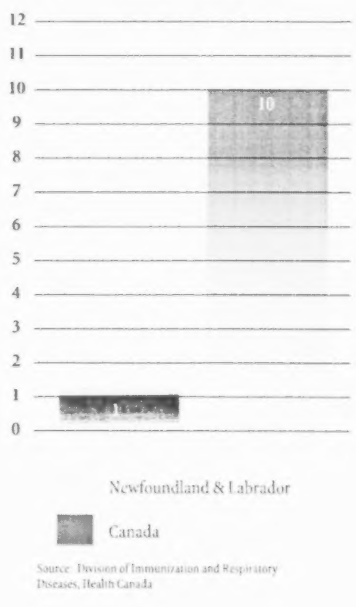

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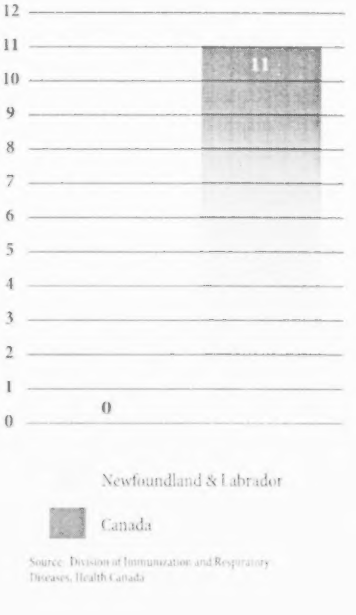

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Incidence of Hib Disease
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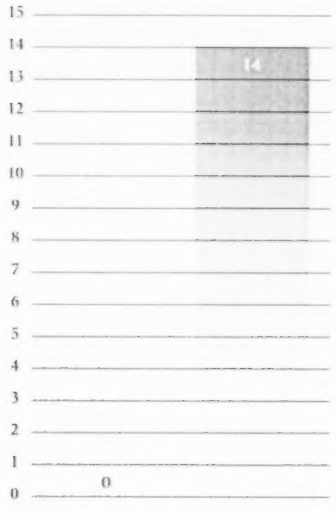

Source: Division of Immunization and Respiratory Diseases, Health Canada

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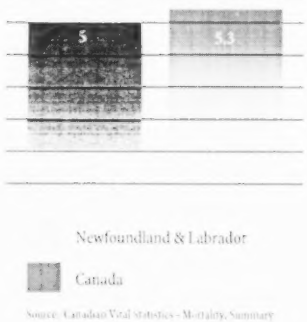

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D. Breastfeeding

Breastfeeding is advantageous to both infants and mothers. Breast milk is superior to any other food for a number of reasons. Breast milk is an efficient and self-reliant food source, and evidence links it to positive health outcomes in both mother and child. The components of human milk help protect infants against respiratory infections, ear infections, and gastrointestinal infections. Breastfeeding reduces the risk of sudden infant death syndrome (SIDS), and has also been associated with enhanced cognitive development in children. Breastfeeding helps to protect the mother from certain chronic conditions and some types of cancer.

(i.) Prevalence of Breastfeeding

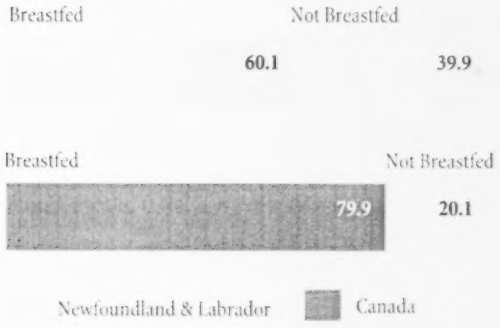
Definition: The proportion of children aged birth to three years who are currently being or who have ever been breastfed.

The World Health Organization recommends breastfeeding for the first six months of life and a continuation of breastfeeding with the addition of complementary foods up to two years of age and beyond. This is supported by the Nutrition Committee of the Canadian Paediatric Society (CPS), in addition to Health Canada and Dietitians of Canada.

In 1998-99, the National Longitudinal Survey of Children and Youth (NLSCY) asked parents if their child had ever been breastfed, regardless of duration. In Newfoundland and Labrador, 60.1 per cent of children aged birth to three years were reported to have been breastfed, even if only for a short period of time.

The breastfeeding rate in Newfoundland and Labrador (60.1 per cent) compared to the national average (79.9 per cent) is a health concern. Healthy Baby Clubs help to improve the breastfeeding rate for the women involved.

Percentage of Children who Have Been Breastfed
(children aged birth to three years)



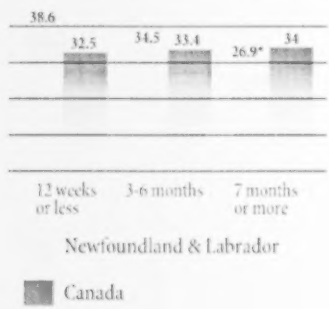
Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Parent Questionnaire

(ii.) Duration of Breastfeeding

Definition: The length of time children aged birth to three years were breastfed.

The NLSCY also asked parents with children aged birth to three years who had previously been breastfed, the duration of time that the child had been breastfed. In Newfoundland and Labrador, 38.6 per cent of these children had been breastfed for 12 weeks or less compared to the national average of 32.5 per cent in 1998-99. Approximately one quarter (26.9 per cent) of these Newfoundland and Labrador children had been breastfed for seven months or more; in Canada, 34 per cent were breastfed for seven months or more. It is known that older mothers tend to breastfeed for longer periods of time.

Percentage of Children who were Breastfed by duration of Breastfeeding
(children aged birth to three years)



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Percentage of Children who Have Been Breastfed
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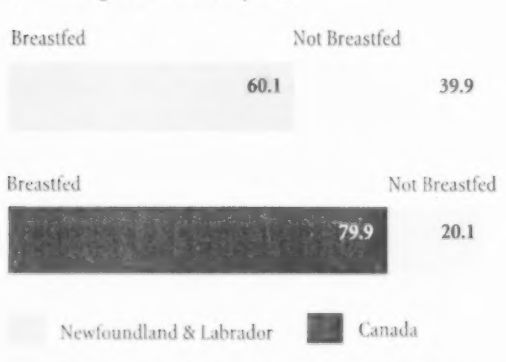

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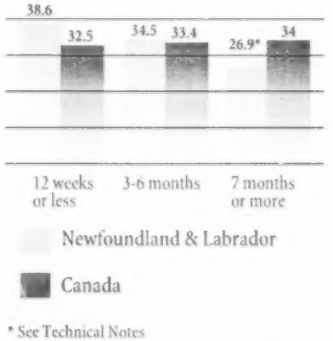
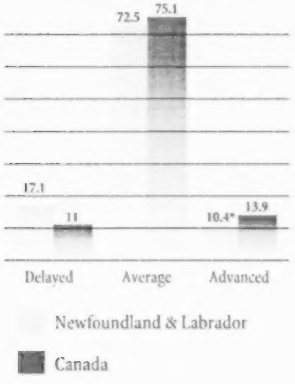


* See Technical Notes

Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Parent Questionnaire

Section II: Indicators of Child Well-Being

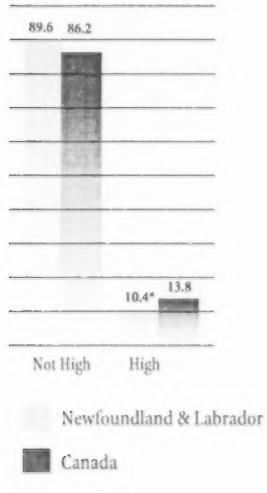
Percentage of Children by Level of Motor and Social Development
(children aged birth to three years)



* See Technical Notes

Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Parent Questionnaire

Percentage of Children by Level of Emotional Problems/Anxiety
(children aged two to five years)



* See Technical Notes

Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Parent Questionnaire

2. EARLY DEVELOPMENT

The growth and development of children during the preschool years is a powerful determinant of their health and well-being as adults. There is a strong relationship between children's outcomes and the physical and social environments in which they are raised.

Data presented in this section are derived from the latest cycle (1998-99) of the National Longitudinal Survey of Children and Youth (NLSCY)[6], a national initiative that is designed to provide information specific to the health, well-being, life opportunities, and developmental experiences of Canadian children and youth. In Newfoundland and Labrador, 1,612 children aged birth to 15 years participated in the survey.

The information presented here provides an overview of the physical health and social development of young children, aged birth to three years in 1998-99, and the emotional health, social knowledge and competence, and language skills of older preschoolers (aged two to five years in 1998-99).

A. Motor and Social Development (MSD)

Definition: The proportion of children aged birth to three years who have delayed, average, and advanced levels of motor and social development

A child's motor and social development (MSD) in his/her first years of life lays the groundwork for subsequent learning and other developmental outcomes.

The NLSCY assessed the motor and social development of children by asking the parent whether or not the child is able to perform certain tasks.

In 1998-99, 82.9 per cent of Newfoundland and Labrador children were assessed as having average or advanced motor and social development. Seventeen per cent of Newfoundland and Labrador preschool children showed signs of delayed motor and social development, compared to eleven per cent of Canadian children of the same age. This translates into an estimated 3600 children in this province aged birth to three years who exhibited signs of delayed MSD.

[6] Excludes children living in the Territories, on reserve, or in institutions.

B. Emotional Health

A child's emotional health is defined by the child's self-esteem, coping skills and overall emotional well-being. The NLSCY measures these factors using the Emotional Problem Anxiety Score, the Hyperactivity-Inattention Score, and the Physical Aggression Score.

(i) Emotional Problem-Anxiety Score

Definition: The proportion of children aged two to five years who exhibit high levels of emotional and/or anxiety problems

The Emotional Problem-Anxiety Scale is one of a number of behaviour scales used in the NLSCY which attempts to assess the extent of the presence or absence of certain aspects of a child's behaviour. This variable represents the proportion of children who exhibit emotional and/or anxiety problems as reported by the child's parent or guardian[7]. Parents were asked how often the child exhibited behaviours consistent with unhappiness, sadness, or worry, and whether or not the child has trouble enjoying himself/ herself during routine activities.

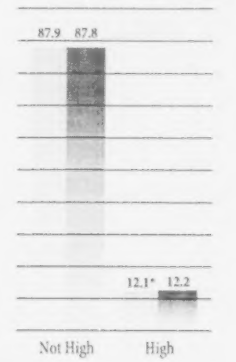
In 1998-99, approximately 10 per cent of children aged two to five years in Newfoundland and Labrador exhibited behaviours considered to be consistent with high levels of emotional problems and anxiety. An estimated 13.8 per cent of Canadian children exhibited these same behaviours.

(ii) Hyperactivity - Inattention Score

Definition: The proportion of children aged two to five years who exhibit high levels of hyperactivity and/or inattention

Attention-deficit/hyperactivity disorder (ADHD) is the most commonly diagnosed neurobehavioral disorder in children. The core symptoms of this disorder include hyperactivity, inattention, and impulsivity. Additional symptoms that impair a child's ability to function properly at home, in school, and in the community include restlessness, fidgety behaviour, and distraction. This disorder can cause problems in school, troubled interpersonal relationships and low self-esteem.

Percentage of Children by Level of Hyperactivity/Inattention
(children aged two to five years)



Newfoundland & Labrador

Canada

* See Technical Notes

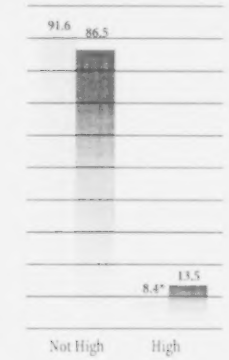
Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Parent Questionnaire

The rates presented are based on responses of parents[8] to questions regarding their child's level of hyperactivity or inattention. Parents were asked how often the child exhibited behaviours such as restlessness and lack of concentration. In 1998-99, 12.1 per cent of Newfoundland and Labrador children were reported to exhibit behaviours consistent with high levels of hyperactivity and/or inattention. This is similar to the Canadian percentage of 12.2 per cent reported as exhibiting these behaviours.

[7] This does not represent professionally diagnosed problem behaviours.

[8] This does not represent professionally diagnosed problem behaviours.

Percentage of Children by Level of Physical Aggression/Conduct Problems
(children aged two to five years)



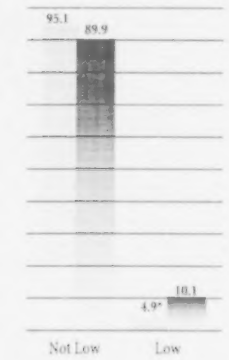
Newfoundland & Labrador

Canada

* See Technical Notes

Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Parent Questionnaire

Percentage of Children by Level of Prosocial Behaviour
(children aged two to five years)



Newfoundland & Labrador

Canada

* See Technical Notes

Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Parent Questionnaire

(iii) Physical Aggression-Conduct Problems

Physical Aggression Score

Definition: The proportion of children aged two to five years who exhibit high levels of physical aggression, opposition and/or conduct disorder

Physical aggression scores are based on one of a number of behaviour scales in the NLSCY. The physical aggression scale is comprised of different items intended to capture aspects of physical aggression, opposition and/or conduct disorder, and is based on behaviours reported by a parent or guardian[9], including fighting, temper tantrums, hitting, and bullying.

In 1998-99, 8.4 per cent of children aged two to five years in Newfoundland and Labrador were reported to exhibit behaviours that suggested high aggression. An estimated 13.5 per cent of Canadian children exhibited these same behaviours.

C. Social Knowledge and Competence

Social knowledge and competence refers to the way children behave and are able to communicate feelings and wants. This section presents prosocial behaviour scores as derived from the National Longitudinal Survey of Children and Youth (NLSCY).

(i) Prosocial Behaviour Score

Definition: The proportion of children aged two to five years who exhibit low levels of prosocial behaviour

Prosocial behaviour, characterized by sympathy and caring, is demonstrated by voluntary actions that help or benefit others. These behaviours can strengthen relationships with others, such as family and friends, and can contribute positively to a child's resiliency and self-esteem.

As with other personality characteristics, individual differences in style of prosocial tendencies are somewhat stable in children between two and five years of age.

Presented here are estimations from the NLSCY of the prevalence of prosocial behaviours in children as reported by a parent or guardian[10]. These behaviours include helping

[9] This measure does not represent professionally diagnosed problem behaviours.
[10] This measure does not represent professionally diagnosed problem behaviours.

someone who has been hurt, showing sympathy to someone who has made a mistake, and taking the opportunity to praise the work of less able children.

Over 95 per cent of children aged two to five years in Newfoundland and Labrador demonstrated average or high levels of prosocial behaviour. An estimated 89.9 per cent of Canadian children exhibited these same behaviours.

D. Language Skills

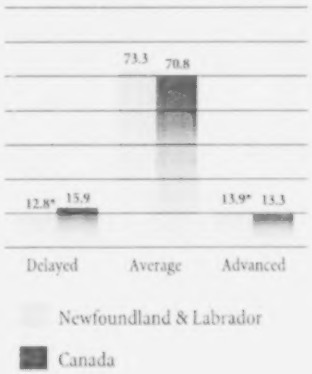
(i) Standard Score for PPVT-R (Peabody Picture and Vocabulary Test - Revised)

Definition: The proportion of children aged four to five years who have delayed, average or advanced levels of receptive or hearing vocabulary

The language skills that a child possesses will vary from individual to individual. The Peabody Picture and Vocabulary Test - Revised (PPVT-R) is a standardized testing tool used to obtain a score for receptive language skills or ability. The PPVT-R and similar tests are important because they aid in the early identification of children with learning disabilities, especially language related disabilities.

The majority of Newfoundland and Labrador children tested (87.2 per cent) received a rating of average or advanced on the PPVT-R, compared to 84.1 per cent of Canadian children. The proportion of children in Newfoundland and Labrador who received a delayed rating on the test was approximately 13 per cent. In Canada, approximately 16 per cent showed symptoms of delay.

Percentage of Children by Level of Receptive/Hearing Vocabulary
(children aged four to five years)



* See Technical Notes

Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Parent Questionnaire

SectionII: Indicators of Child Well-Being

3. FAMILY-RELATED INDICATORS

A. Parental Education

Today, parents of young children are more highly educated than they have been in the past, they tend to see the value of academic achievement, and are also more likely to spend extra time reading to, talking and interacting with, and helping their children with school tasks. Parental education has also been consistently associated with the value placed on children's education, and academic achievement. It is important for parents to be aware of the impact their own learning will have on their children since the level of education that a parent receives is closely associated with child outcomes.

Parental Education
Highest Level Attained by Mother, Newfoundland and Labrador
(children aged birth to five years)

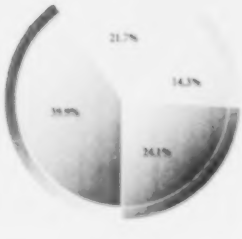
Parental Education
Highest Level Attained by Mother, Canada
(children aged birth to five years)

Less than Secondary
Secondary School Graduation
Beyond High School
College or University Degree

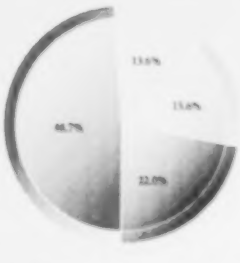
* See Technical Notes

Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Parent Questionnaire

Parental Education
Highest Level Attained by Father, Newfoundland and Labrador
(children aged birth to five years)



Parental Education
Highest Level Attained by Father, Canada
(children aged birth to five years)



Less than Secondary
Secondary School Graduation
Beyond High School
College or University Degree

* See Technical Notes

Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Parent Questionnaire

(i.) Mother's Highest Level of Education

Definition: The highest level of education attained by the mother of children aged birth to five years.

It has been demonstrated that the mother's level of education has a stronger effect on a child's verbal ability than the father's level of education. Maternal education is also an important determinant in children's mental development.

As in the rest of Canada, the majority of parents in Newfoundland and Labrador with children younger than six years of age have either a college or university degree. However, 15.9 per cent of mothers in Newfoundland and Labrador have not achieved secondary school education. In comparison, 12.1 per cent of Canadian mothers with children under the age of six have not achieved secondary school education.

(ii.) Father's Highest Level of Education

Definition: The highest level of education attained by the father of children aged birth to five years.

The level of education a father has attained has been found to be a consistent predictor of the level of participation that he will maintain in the care of his child. Higher levels of education attained by fathers tend to be positively correlated with the provision of higher levels of child care to their children.

In 1998-99, 21.7 per cent of Newfoundland and Labrador fathers with preschool age children had not completed

SectionII: Indicators of Child Well-Being

3. FAMILY-RELATED INDICATORS

A. Parental Education

Today, parents of young children are more highly educated than they have been in the past, they tend to see the value of academic achievement, and are also more likely to spend extra time reading to, talking and interacting with, and helping their children with school tasks. Parental education has also been consistently associated with the value placed on children's education, and academic achievement. It is important for parents to be aware of the impact their own learning will have on their children since the level of education that a parent receives is closely associated with child outcomes.

Parental Education
Highest Level Attained by Mother, Newfoundland and Labrador
(children aged birth to five years)

Less than Secondary
Beyond High School

Parental Education
Highest Level Attained by Mother, Canada
(children aged birth to five years)

Secondary School Graduation
College or University Degree

* See Technical Notes

Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Parent Questionnaire

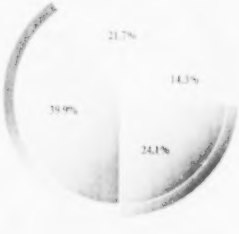
(i.) Mother's Highest Level of Education

Definition: The highest level of education attained by the mother of children aged birth to five years.

It has been demonstrated that the mother's level of education has a stronger effect on a child's verbal ability than the father's level of education. Maternal education is also an important determinant in children's mental development.

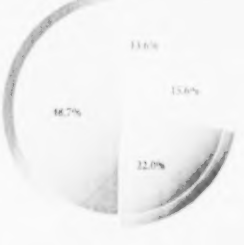
As in the rest of Canada, the majority of parents in Newfoundland and Labrador with children younger than six years of age have either a college or university degree. However, 15.9 per cent of mothers in Newfoundland and Labrador have not achieved secondary school education. In comparison, 12.1 per cent of Canadian mothers with children under the age of six have not achieved secondary school education.

Parental Education
Highest Level Attained by Father, Newfoundland and Labrador
(children aged birth to five years)



Less than Secondary
Beyond High School

Parental Education
Highest Level Attained by Father, Canada
(children aged birth to five years)



Secondary School Graduation
College or University Degree

* See Technical Notes

Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Parent Questionnaire

(ii.) Father's Highest Level of Education

Definition: The highest level of education attained by the father of children aged birth to five years.

The level of education a father has attained has been found to be a consistent predictor of the level of participation that he will maintain in the care of his child. Higher levels of education attained by fathers tend to be positively correlated with the provision of higher levels of child care to their children.

In 1998-99, 21.7 per cent of Newfoundland and Labrador fathers with preschool age children had not completed

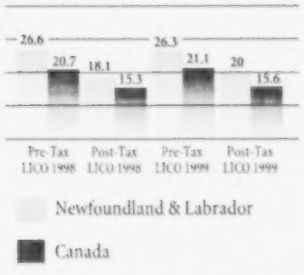
secondary education. In comparison, 13.6 per cent of Canadian fathers had not completed secondary education.

B. Level of Income[11]

Definition: The proportion of children aged birth to five years living below the pre-tax low-income cut-off (LICO) and the post-tax low-income cut-off (LICO).

It is widely agreed that an acceptable level of income is one that ensures equal life chances for all children. According to the Canadian Council on Social Development report "The Progress of Canada's Children" (2002), approximately one in eight school-aged children are part of a family with a very low average income (less than $20,000 per year). In other words, 19 per cent of Canadian children lived in poverty in 1998. The number of young children living below the pre-tax low-income cut-off in Newfoundland and Labrador in 1999 was 26.3 per cent, compared to 21.1 per cent of Canadian children. However, the number of children living below the post-tax rate of low-income is lower for both Newfoundland and Labrador and Canada at 20.0 per cent and 15.6 per cent, respectively.

Percentage of Children Living Below Low Income Cut-Off (LICO) Rate
(children aged birth to five years)



Source: Survey of Labour and Income Dynamics. Reference years 1998 and 1999; data based on provinces only.

Family income has been proven to have an effect on a child's well-being. In addition to food, clothing, and shelter, children also need to have access to health care, quality child care, schooling, and recreational and cultural opportunities. These, among other fundamental necessities, require money, which is why children who live below the low-income cut-off point often have less opportunity to succeed in life.

In 1998, the National Child Benefit (NCB) was launched by the federal, provincial, and territorial governments of Canada. One of its major goals was to reduce the number of children living in poverty and to ultimately prevent child poverty. The NCB assists parents by providing monetary assistance and continued enhanced benefits and services for children where deemed necessary. The NCB is making a noticeable difference. According to the 2001 Progress Report of Canada's Children, the proportion of low-income families decreased from 20.4 per cent in 1996 to 17.2 per cent in 1999, and is steadily declining in our nation.

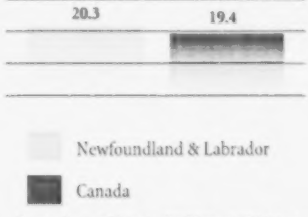
C. Parental Health - Tobacco Use During Pregnancy

(i) Smoking During Pregnancy

Definition: The proportion of children aged birth to one year whose mother smoked during her pregnancy with the child.

Maternal smoking during pregnancy has been identified by a number of epidemiological studies as being the most modifiable risk factor for adverse physical and cognitive conditions to the child. Smoking during pregnancy has also been associated with increased risk of conduct disorder and a predisposition to smoke and abuse alcohol in adulthood.

Percentage of Children whose Mother Smoked during Pregnancy
(children aged birth to one year)



Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Parent Questionnaire

According to the NLSCY (1998-99), in Newfoundland and Labrador, mothers of most children aged birth to one year (79.7 per cent) reported they did not smoke while pregnant. A similar proportion of children (80.6 per cent) in Canada in the same year were not exposed to tobacco while the mother was pregnant. This means that approximately 20 per cent of children who were infants in 1998-99 were exposed to tobacco in-utero.

[11]The pre-tax LICO is set according to the proportion of annual pre-tax income (total income including government transfers before the deduction of income taxes) spent on basic needs (food, clothing and shelter). A household that spends 20 per cent more on basic needs than the average family is considered to be living below the low-income cut-off. The LICO is adjusted for location and family size. The post-tax LICO is set according to the proportion of annual post tax income (total income after the deduction of income taxes) spent on basic needs.

D. Reading by Adult

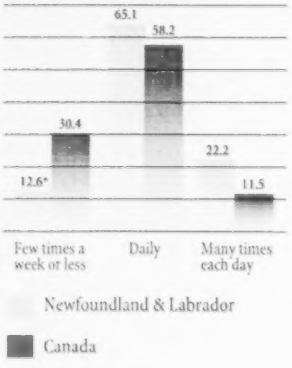
Definition: Distribution of children aged two to five years by how often an adult reads to the child or listens to the child read.

The human brain has not finished developing in the first few years following birth. Reading to children helps to stimulate essential and continued brain development. It also expands a child's understanding of the world and stimulates his/her imagination. Reading not only fosters children's development, but also provides the opportunity for parents to spend quality time with their children.

In Newfoundland and Labrador, 87.3 per cent of children between the ages of two and five years were read to at least daily by an adult. The proportion of Canadian children who were read to at least daily is 69.7 per cent. Fewer than 13 per cent of Newfoundland and Labrador children were read to only a few times a week or less, compared to 30.4 per cent of Canadian children.

Children whose parents read to them tend to do better in school. An estimated five per cent to 15 per cent of school-aged children in Canada are suspected to be behind in their reading level, and children who experience trouble with reading are also likely to experience problems in school in general. It is never too late or too early to start reading to a child. The Read and Succeed public awareness campaign was launched in Newfoundland and Labrador in September 2001. It promotes reading as being essential in providing people with the ability to learn skills which can help them. It encourages people to make reading the "family thing to do".

Percentage of Children by Level of Reading Activity with Parent
(children aged two to five years)



* See Technical Notes

Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Parent Questionnaire

E. Positive Parenting

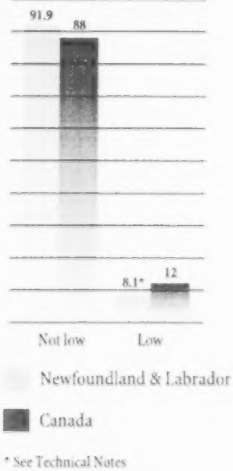
(i) Positive Interaction

Definition: The proportion of children aged birth to five years whose parents exhibit low positive interaction with the child.

Positive parenting involves the positive interactions that take place between parents and their children. It includes teaching children socially and culturally acceptable behaviours and helps to develop love, trust, and respect between parent and child, and build a strong and lasting relationship.

In 1998-99 more than ninety per cent (91.9 per cent) of children in Newfoundland and Labrador experienced positive interaction with parents on a regular basis, as reported by the person most knowledgeable about the child. In the same year 88 per cent of Canadian parents exhibited positive interaction with their child.

Percentage of Children by Level of Positive Interaction with Parents
(children aged birth to five years)



* See Technical Notes

Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Parent Questionnaire

4. COMMUNITY-RELATED INDICATORS

A. Neighbourhood Satisfaction, Safety and Cohesion

Evidence strongly suggests that the neighbourhoods and communities where children grow and learn directly influence their development. The environment to which a child is exposed can affect parents' ability to provide the best possible family setting, and also the ability of schools to offer the best possible education.

In 1999-2000, a unique national research initiative, "Understanding the Early Years" (UEY), was launched to provide information about the influence of family and community factors on children's early development. Five communities and community areas across Canada were selected to participate in this initiative. Southwestern Newfoundland was chosen as one of these community areas. Information regarding physical health and well-being, cognitive skills, and behaviour were collected from a sample of children aged five and six years. The children of Southwestern Newfoundland were found to be healthy and showed strong signs of positive development and a readiness for learning. Despite the relatively low socio-economic status of the region, when compared to the other community areas involved in the study, the children of Southwestern Newfoundland did very well, exceeding the average of all children evaluated in Canada on four of the five domains of school readiness. Information such as this from the UEY will enable communities to make informed decisions about the best policies and most appropriate programs for families with young children.

A community is both the physical environment that we find ourselves immersed in, as well as the relationships within these environments. These relationships can create cohesion and peaceful living, or they can create tension and a lack of unity. Various social and physical factors come together to determine the cohesion that a community will experience. Here, neighbourhood cohesion is used to measure the social unity of a neighbourhood as judged by the person most knowledgeable about the child, usually a parent.

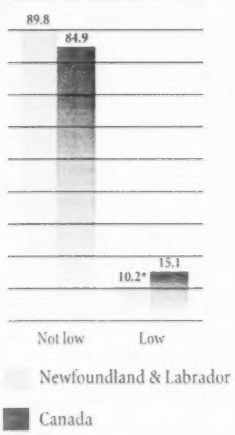
(i.) Neighbourhood Cohesion

Definition: The proportion of children aged birth to five years living in neighbourhoods with low neighbourhood cohesion, as judged by the person most knowledgeable (PMK) about the child

A cohesive and stable neighbourhood is important to child development. In early childhood, neighbourhood cohesion is essential in that it can play a part in socialization and behavioural outcomes. Most children spend a significant amount of time outside of the home and interacting with others within a community. It has been suggested that a quality neighbourhood is capable of providing children with supportive networks and reinforcement of behavioural norms, as well as accessible services and resources.

In 1998-99, a large majority (89.8 per cent) of young children in this province were living in cohesive neighbourhoods. Approximately ten per cent of Newfoundland and Labrador children aged birth to five years were reported to be living in neighbourhoods with low levels of neighbourhood cohesion as judged by the child's parent. Of Canadian children of the same age, 15.1 per cent were reported to be living in communities with low levels of neighbourhood cohesion.

Percentage of Children by Neighbourhood Cohesion Score
(children aged birth to five years)



* See Technical Notes

Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998/99), Parent Questionnaire

Technical Notes

A) The following are the primary data sources used in the compilation of data for this report:

- Canadian Vital Statistics - Birth Database, Statistics Canada
- Division of Immunization and Respiratory Diseases, Health Canada; Provincial/Territorial Ministries of Health
- Canadian Vital Statistics - Mortality, Summary List of Causes, Statistics Canada
- National Longitudinal Survey of Children and Youth, Cycle 3 (1998-99), Master File, Parents Questionnaire (data based on provinces only), Statistics Canada
- Survey of Labour Income and Dynamics (SLID): Reference years 1998 and 1999; data based on provinces only, Statistics Canada

B) National Longitudinal Survey of Children and Youth data:

- Data presented from this survey are weighted estimates based on a sample of the population. More than 20,000 children aged birth to five years were surveyed in Canada; approximately 1,000 of these children were living in Newfoundland and Labrador.
- According to Statistics Canada, there are three different quality levels of the estimate:
  i. "Acceptable" a sample size of 30 or more cases and a low coefficient of variation (between 0 and 16.5%)
  ii. "Marginal" a sample size of 30 or more and a high coefficient of variation (between 16.6% and 33.3%)
  iii. "Unacceptable" a sample size of less than 30 or a very high coefficient of variation (more than 33.3%)
- Marginal estimates have been flagged in this report with an asterisk (*). These should be interpreted with caution when generalizing to the population. While the estimate meets with Statistics Canada's quality standards, there is is a high level of variability associated with it. Unacceptable estimates have not been included in this report.
- Caution is suggested when comparing survey estimates with other data sources that are measuring the same outcomes.

C) Throughout the report, instances where it has been stated that the rate for Newfoundland and Labrador is higher or lower than the rate for Canada indicates that there is a significant difference between the two.

Appendix

FIRST MINISTERS' COMMUNIQUÉ ON EARLY CHILDHOOD DEVELOPMENT

Ottawa - September 11, 2000.

Introduction

First Ministers, with the exception of the Premier of Quebec[12], agree on the importance of supporting families and communities in their efforts to ensure the best possible future for their children. Every child should be valued and have the opportunities to develop his or her unique physical, emotional, intellectual, spiritual, and creative potential.

First Ministers affirm their commitment to the well-being of children by setting out their vision of early childhood development as an investment in the future of Canada. Canada's future social vitality and economic prosperity depend on the opportunities that are provided to children today.

First Ministers recognize that parents and families play the primary role in supporting and nurturing children. Communities, businesses, non-profit organizations, professional networks, associations, volunteers and governments also make key contributions to the well-being of children. Governments have shown leadership by taking steps to address key children's issues in their jurisdictions, individually and in partnership.

The early years of life are critical in the development and future well-being of the child, establishing the foundation for competence and coping skills that will affect learning, behaviour and health. Children thrive within families and communities that can meet their physical and developmental needs and can provide security, nurturing, respect and love. New evidence has shown that development from the prenatal period to age six is rapid and dramatic and shapes long-term outcomes.

Intervening early to promote child development during this critical period can have long-term benefits that can extend throughout children's lives. Governments and other partners currently provide a range of programs and services to effectively support early childhood development. The challenge is to build on existing services and supports, to make them more coordinated and widely available.

First Ministers therefore agree to work together so that young children can fulfill their potential to be healthy, safe and secure, ready to learn, and socially engaged and responsible.

In support of this common goal, governments will improve and expand early childhood development programs and services over time. Governments will work with families and communities to help meet the needs of young children and their families. Governments will report regularly on their progress and will continue to build knowledge and disseminate information to parents, communities and service providers to help them to give children the best possible start in life.

Objectives

Focussing on children and their families, from the prenatal period to age six, the objectives of this early childhood development initiative are:
to promote early childhood development so that, to their fullest potential, children will be physically and emotionally healthy, safe and secure, ready to learn, and socially engaged and responsible; and to help children reach their potential and to help families support their children within strong communities.

Four Key Areas for Action

To meet the objectives set out above, First Ministers agree on four key areas for action. Governments' efforts within this framework will focus on any or all of these areas. This will build on the priority that governments have placed on early childhood development and the investments that governments have already made.

[12]While sharing the same concerns on early childhood development, Québec does not adhere to the present federal-provincial-territorial document because sections of it infringe on its constitutional jurisdiction on social matters. Québec intends to preserve its sole responsibility for developing, planning, managing and delivering early childhood development programs. Consequently, Québec expects to receive its share of any additional federal funding for early childhood development programs without new conditions.

Appendix

1. Promote Healthy Pregnancy, Birth and Infancy

Prenatal, birth and infancy experiences have a profound effect on the health and well-being of infants and young children, and contribute to continuing good health. This priority addresses needs related to the prenatal, birth and infancy periods and includes supports for pregnant women, new parents, infants and care providers. Possible examples are prenatal programs and information, and infant screening programs.

2. Improve Parenting and Family Supports

Parents and families have the primary responsibility for the care of their children. This priority addresses the needs related to positive parenting and includes supports for parents and caregivers. Possible examples are family resource centres, parent information, and home visiting.

3. Strengthen Early Childhood Development, Learning and Care

Quality early childhood development, learning and care have been shown to promote physical, language and motor skills; and social, emotional and cognitive development. This priority includes supports that promote healthy development, provide opportunities for interaction and play, help prepare children for school and respond to the diverse and changing needs of families. Possible examples include preschools, child care and targeted developmental programs for young children.

4. Strengthen Community Supports

Communities make key contributions to the well-being of children through formal and informal networks. This priority includes supports to strengthen community capacity to meet the needs of children and families from a healthy community perspective. Possible examples include supports for community-based planning and service integration. Governments recognize that effective approaches to supporting early childhood development are:

- focussed on prevention and early intervention;
- intersectoral;
- integrated; and
- supportive of the child within the family and community context.

Early childhood development programs and services should be inclusive of:

- children with different abilities;
- and children living in different economic, cultural, linguistic and regional circumstances.

Working Together to Meet Children's Needs

Governments will work together in full respect of each other's responsibilities, recognizing that provinces and territories have the primary responsibility for early childhood development programs and services. Each government will determine its priorities within this framework.

Governments will work with the Aboriginal peoples of Canada to find practical solutions to address the developmental needs of Aboriginal children.

Governments will ensure effective mechanisms for Canadians to participate in developing early childhood development priorities and reviewing outcomes.

Funding

First Ministers agree that ensuring effective early childhood development is a long-term commitment to our children's future.

First Ministers agree that investments for early childhood development should be incremental, predictable and sustained over the long term. First Ministers are committed to helping all sectors of society support children in their early years and to making incremental investments in this area.

First Ministers recognize that this initiative builds on the significant provincial/territorial investments already made in early childhood development and agree on the need to ensure flexibility to address local needs and priorities. This initiative also complements existing important federal investments for children and families.

Public Reporting

First Ministers believe in the importance of being accountable to Canadians for the early childhood development programs and services that they deliver. Clear public reporting will enhance accountability and will allow the public to track progress in improving the well-being of Canada's young children. Regular measuring of, and reporting on, early childhood development provides governments and others with a powerful tool to inform policy-making and to ensure that actions are as focussed and effective as possible.

Therefore, First Ministers commit their governments to:

- report annually to Canadians on their investments and their progress in enhancing programs and services in the four areas described above, beginning with establishing a baseline of current early childhood development expenditures and activities. Governments will begin reporting within one year and will strive to continue to improve the quality of reporting over time;
- develop a shared framework, including jointly agreed comparable indicators to permit each government to report on progress in improving and expanding early childhood development programs and services within the areas for action described above. The framework will be developed in a manner that recognizes the different starting points and pressures in each jurisdiction and is informed by their diverse priorities. Examples would include indicators of the availability and growth of programs and services related to pregnancy, birth and infancy; parenting and family supports; early childhood development, learning and care; and community supports. Governments will report on the results of this work by September 2002 and annually thereafter, beginning with the development of indicators in areas identified as priorities by jurisdictions, and expanding with the overall development of early childhood development programs and services; and
- make regular public reports on outcome indicators of child well-being using an agreed upon set of common indicators to be developed by September 2002 related to the objectives established for early childhood development. This could include currently available indicators (such as children born at healthy birth weight and infant mortality); and newly developed indicators (such as a measure of the proportion of children who are ready to learn when they start school).

First Ministers agree that governments will consult third parties to assist, as appropriate, in developing indicators and assessing progress on early childhood development.

The purpose of performance measurement is for all governments to be accountable to their publics, not to each other. The amount of federal funding provided to any jurisdiction will not depend on achieving a given level of performance.

Knowledge, Information and Effective Practices

Research, knowledge and information are the foundations of evidence-based decision-making and are critical to informed policy development. Dissemination of information and sharing of effective practices can create a more knowledgeable public on issues of child development and can promote the enhancement of early childhood development programs and services.

Governments agree to work together, where appropriate, on research and knowledge related to early childhood development, share information on effective practices that improve child outcomes and work together to disseminate the results of research.

Next Steps

First Ministers direct Ministers responsible for Social Services and Health to begin implementation as soon as possible of the commitments and priorities outlined above.

Appendix

SHARED FRAMEWORK FOR REPORTING ON PROGRESS IN IMPROVING AND EXPANDING EARLY CHILDHOOD DEVELOPMENT PROGRAMS AND SERVICES

(May 2002 - Federal/Provincial/Territorial Ministers Responsible for Social Services and Health)

1 Introduction/Background

Public reporting is a key element of the Federal-Provincial-Territorial Early Childhood Development Initiative. The September 2000 First Ministers' Meeting Communiqué on Early Childhood Development states that:

"…First Ministers believe in the importance of being accountable to Canadians for the early childhood development services that they deliver. Clear public reporting will enhance accountability and will allow the public to track progress in improving the well-being of Canada's young children. Regular measuring of, and reporting on early childhood development provides governments and others with a powerful tool to inform policy-making and to ensure that actions are as focussed and effective as possible. Therefore, First Ministers commit their governments to:

- report annually to Canadians on their investments and their progress in enhancing programs and services in the four areas described above, beginning with establishing a baseline of current early childhood development expenditures and activities. Governments will begin reporting within one year and will strive to continue to improve the quality of reporting over time;
- develop a shared framework, including jointly agreed comparable indicators to permit each government to report on progress in improving and expanding early childhood development programs and services within the areas for action described above. The framework will be developed in a manner that recognizes the different starting points and pressures in each jurisdiction and is informed by their diverse priorities. Examples would include indicators of the availability and growth of programs and services related to pregnancy, birth and infancy; parenting and family supports; early childhood development, learning and care; and community supports. Governments will report on the results of this work by September 2002 and annually thereafter, beginning with the development of indicators in areas identified as priorities by jurisdictions, and expanding with the overall development programs and services…"

2 Purpose

As noted in the communiqué, "the purpose of performance measurement is for all governments to be accountable to their publics, not to each other." The purpose of the shared framework is to provide a set of principles and guidelines, "including jointly agreed comparable indicators, to permit each government report on progress in improving and expanding early childhood development programs and services" within the four areas for action identified by First Ministers.

In addition to their commitment to report on programs and services, governments also committed to report regularly on an agreed upon set of indicators of child well-being. However, this commitment is being addressed by governments as part of a separate process and therefore lies outside of the scope of this shared framework.

3 Underlying Principles/Considerations

Reporting by governments will be informed by the following statements included in the Early Childhood Development Communiqué:

- "The framework will be developed in a manner that recognizes the different starting points and pressures in each jurisdiction and is informed by their diverse priorities."
- Governments "will strive to improve the quality of reporting over time."
- "First Ministers agree that governments will consult third parties to assist, as appropriate, in developing indicators and assessing progress on early childhood development."

In addition to specific direction from the Communiqué, provincial and territorial governments agree that:

- there is significant diversity in the provision of early childhood development programs and services across the country and that there are varying data systems and capacities to report; and

- reports on progress in improving and expanding early childhood development programs and services will acknowledge the federal funding contribution to the province or territory in support of early childhood development.

4 Guidelines

A. Scope of Reporting Using the Shared Framework

Each government will report annually, using the shared framework, on the activities that they have selected as priorities for investment. Reports will indicate changes that have been implemented related to prior year investments. Reports will also indicate in which of the four areas for action governments have made investments under the Federal-Provincial-Territorial Early Childhood Development Initiative. The four areas are:

- promote healthy pregnancy, infancy, and birth;
- improve parenting and family supports;
- strengthen early childhood development, learning, and care; and
- strengthen community supports.

B. Types of Information to be Reported

i. Descriptive Information

Reports will contain the following descriptive information on programs and services that have been improved and/or expanded:

- program objectives;
- target population;
- program description;
- department(s) responsible; and
- delivery agent(s).

Descriptive information may also be provided on the following areas related to program development, improvement, and/or integration, as appropriate:

- intersectoral linkages
- consultation and community involvement;
- community capacity-building;
- voluntary or private sector participation;
- program evaluation findings;
- program models;
- pilot project results;
- changes in regulatory environment; and
- capital and/or infrastructure investments.

ii Program Indicators

As appropriate, governments may report on programs and services using additional indicators to those described below.

Expenditures

Governments will report on changes in expenditures on ECD programs and services relative to the prior fiscal year.

For programs and initiatives providing direct services to clients:

Availability

Governments will report on the availability of early childhood development programs and services funded under the Federal-Provincial-Territorial Early Childhood Development Initiative using one or more of the following indicators:

- number of clients served(i.e. number of children served, number of families served, and/or number of program "spaces" or equivalent); and
- number of program sites.

Accessibility

Where the objective of an investment by governments is to improve accessibility, governments will report on one or more of the following indicators of accessibility:

- increase in the percentage of the target population served; and
- change in the socio-demographic profile of the client population.

Affordability

Where the objective of an investment by governments is to improve affordability, governments will report on changes in the fee and/or subsidy structures of the relevant programs.

Quality

Where the objective of an investment by governments is to improve quality, governments will report on one or

more indicators of quality, such as:

•improvement in the education/training of service providers;

- increase in wage rates;
- increases in provider-to-client ratios; and
- increases in client satisfaction.

For other programs and initiatives related to the four areas for action (for example, research, public education, information, and related activities), governments will report on descriptive information and expenditures as indicated above.

C. Mechanisms and Timing

The public reporting requirements set out in this shared framework can be met through a number of vehicles including: stand alone reports, new or existing public reports on children, and departmental reports and/or business plans.

Governments agree to inform other governments of the vehicle they will use to meet reporting requirements and to provide advance notice, wherever possible, to other governments regarding the approximate date of release for their respective early childhood development reports. Governments will report annually on their investments in early childhood development and on their progress in enhancing programs and services in the four areas for action, beginning in September 2002.

5 Review of the Shared Framework

First Ministers have committed to "improve the quality of reporting over time." After the release of the first set of reports based on the shared framework, officials may undertake a review of the shared framework and make recommendations to Ministers responsible for Social Services and Health as required.

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